

2

CLAIMS ONLY							Application Number <div style="font-family: cursive; font-size: 1.2em;">09/869486</div>		Filing Date	
							Applicant(s)			
42505							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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97										
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99										
100										
Total										
Indep	3									
Total										
Depend	6									
Total										
Claims	9									

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097869486**

FILED DATE

APPLICANT(S)

10-16-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
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6	/		/		/	
7		/		/		/
8		/		/		/
9		/		/		/
10		/		/		/
11		9		/	X	
12		9		2		2
13		2		/		/
14		0		/		/
15		5		/		/
16		5		/		/
17		5		/		/
18		5		/		/
19		6		/		/
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32		/		/		/
33		/		/		/
34		/		/		/
35		10		/		/
36	/		/		X	
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TOTAL IND.	6		4		2	
TOTAL DEP.	89		14		10	
TOTAL CLAIMS	95		18		12	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS